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HIV/AIDS: Appraising the Utilization of HIV Counselling and Testing Services among Young People in Anambra State, Nigeria

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ABSTRACT

HIV counselling and testing (HCT) is a key strategy for HIV prevention and management. The number of young people living with HIV has risen by 25% between 2005 and 2015, and HIV/AIDS strongly relates with mortality of young people in Africa and the second leading cause of death among young people worldwide. Promoting knowledge and the uptake of HCT among the young population will boost the fight against HIV/AIDS. This study explores young people's knowledge of HCT services, the barriers to access, and the place of social work profession promoting uptake in Nigeria. Six Focus Group Discussion (FGD) sessions involving a total of 60 participants were conducted in 3 communities in Anambra State. Peer debriefing and observer triangulation informed the analysis. Findings revealed that utilization of HCT services in the study area had setbacks owing to low-level awareness and coverage of the service at the grass-root, fear of testing positive, stigma and discrimination and attitude of the health workers. The study highlighted the responsibilities of social work professionals in HCT centres and how they can engage in enlightening and counselling young people on the purpose and benefits of timely access to HCT services.

Introduction

Globally, nearly 12 million young people aged 15-24 are living with HIV/AIDS and more than 7,000 young people become infected with the disease every day (UNAIDS, 2008; 2010). Young people (10 to 24 years) especially young women are disproportionately affected by HIV with an estimated 6,000 women aged 15-24 been infected every week (UNAIDS, 2019). It is reported in UNAIDS 2019 factsheet that in sub-Saharan Africa, four in five new infections among adolescents aged 15-19 years are in girls. Young women aged 15-24 years are twice more likely to be living with HIV than men. Global HIV data of 2018 shows new HIV infections at an average of 1.6 million people aged 15 plus. A regional breakdown reveals that in Western and Central African, an average of 5 million people is living with HIV with an average of 220,000 newly infected persons aged 15+, and 160,000 Aids-related deaths in 2018 (UNAIDS 2019 Factsheet). The National HIV/AIDS and reproductive health survey of 2012 found very low uptake of HIV testing in Nigeria with just 23% of males and 29% of females tested in the previous year. The number of young people living with HIV has risen by 25% between 2005 and 2015 (UNICEF, 2016). HIV is now the leading cause of death among young people in Africa and the second leading cause of death among young people worldwide (UNAIDS, 2015).

HIV counseling and testing (HCT) is recognized globally as an effective strategy for achieving HIV/AIDS prevention, treatment, care, and social support services. HCT is the process that enables an individual to change to make an informed choice about being tested for HIV and determining

a safe healthy lifestyle. It provides a window of opportunities for people to learn about HIV, be motivated to know about their status through testing, and accept and cope favourably with the test outcome (Federal Ministry of Health [FMoH], 2011; Idogho, 2010; Goldberg, 2011). It is estimated that about 8.1 million people did not know that they were living with HIV, hence, HCT becomes imperative in handling the global incidence of HIV/AIDS (UNAIDS 2019). HCT is reputed for being a strong tool for the fight against stigmatization and discrimination; provision of timely and accurate information on HIV/AIDS prevention; provision of psycho-social support to the infected and affected, and provision of linkages to other support and care services to the infected (National Agency for the Control of Aids [NACA], 2019; NACA Factsheet, 2016; FMoH, 2011).

HCT operates on a tripartite service delivery model namely stand-alone, integrated health facility, and mobile/outreach models which incorporate the client-initiated and provider-initiated approaches. The HCT services are provided at all levels of healthcare delivery both the public (State Actors) and private (Non-State Actors) health institutions, though nationally coordinated by the government. However, private sector providers are driven by profits and only those who can afford to pay for the services or have health insurance that can access them (FMoH, 2011, NACA, 2019). Originally, HCT was designed to be in all the Primary Healthcare Centres (PHCs) in Nigeria even though in real terms this has not been achieved. According to NACA (2015), a push on the number of sites providing HCT services has resulted in a huge increase, from 1000 in 2010 to more than 8000 in 2014. However, the increase does not result in more

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people getting tested. One of the reasons has been that there is a common belief that HCT centres are where HIV positive people go to access care, rather than being testing centres for those who don't know their HIV status. To avoid stigmatization or being tagged as an HIV patient, young people tend to avoid HCT centres (Onemayin, Halid, Obafemi, & Adetunji 2019; NACA, 2015).

The majority of young people living with HIV are in low- and middle-income countries, with 85% in Sub-Saharan Africa. In fact, half of the global estimates of young people infected by HIV live in just six countries: South Africa, Nigeria, Kenya, India, Mozambique and Tanzania (UNICEF, 2015). In 2014, 79% of new HIV infections among young people occurred in Africa (Silva, 2015). It is estimated that the number of 10 to 24-year-old Africans will rise to more than 750 million by 2060. By implication, it means that even if current progress is maintained, new HIV infections among young people are expected to increase. Estimates suggest that as many as 740,000 additional adolescents could become infected between 2016 and 2030 (UNICEF, 2015). National data in Nigeria suggests that 4.2% of young people (ages 15-24) are living with HIV (NACA, 2015). Anambra State is among the 7 States in Nigeria with the highest prevalence of HIV at 2.4% alongside Akwa-Ibom, Benue, Rivers, Taraba, Abia and Enugu States, hence, the need for increased efforts in HCT services in the State (NACA, 2019). Factors such as early sexual debut is common in Nigeria, which begins at less than 15 years old for 15% of Nigeria's youth and this is considered one factor that increases HIV vulnerability among young people; alongside very low HIV testing rates (Federal Ministry of Health, 2013). Also, socio-economic status barrier to HCT uptake persists among young people (Oginni, Obianwu & Adebajo, 2014).

Similarly, in Nigeria, there is a significant association between HCT awareness and HCT uptake among young people aged 15 to 24 years. In other words, knowledge of the availability of HCT services influences the possibility that young people would utilize them (Onemayin, Halid, Obafemi, & Adetunji, 2019; Oguegbu & Beatty, 2016). According to Ajuwon, Titiloye, Oshiname & Oyewole (2010), young persons have limited knowledge of HCT and thereby underutilize the service. Efforts by relevant stakeholders directed at increasing public access and utilization of HCT services in Nigeria are numerous. They include dissemination of HCT-related behaviour change communication messages through mass media and use of information, education and communication (IEC) materials, establishment of HCT centres particularly in remote areas, and provision of free HCT services through outreaches in hard-to-reach communities. Other efforts in this direction are reduction of interval between testing and result, consideration of ethical issues in service delivery, public-private partnership, and integration of HCT services in established health facilities (FMoH, 2011; NACA, 2019).

However, despite these concerted efforts and increased availability of free HCT services in the country, the uptake of HCT has been very low among young populations in Nigerian (Onyeonoro

et al., 2014). According to the National Guidelines for HIV Counselling and Testing of the Federal Ministry of Health (2011), Social work professionals were listed among the professionals in every HCT centre as counsellor supervisors all across the nation. However, a visit to the centre reveals the non-existence of social workers in the centre. The reason may not be unconnected with the under-employment of social workers at the facility-level persists (Onalu et al., 2019).

Consequently, efforts aimed at addressing the shortcomings trailing the uptake of HCT services among young people will lack some level of efficacy without the inclusion of social worker professionals. This is incumbent on the roles social workers play in public health, with particular attention to areas of psychosocial determinants of health (International Federation of Social Workers [IFSW], 2008). Therefore, to foster a very high compliance rate to the uptake of HCT services, it is pertinent not to neglect certain psychological, social, cultural, and economic factors, all of which fall within the purview of the social work profession. Addressing the issue of HIV drastically requires a connected web of inter and multi-professional framework, and social work forms part of a crucial multidisciplinary team intervention to curb the incidence of HIV among young people.

As part of their professional responsibilities, social workers can advocate for policies that will foster and promote the uptake of HCT services among young people. The multi-dimensional approach can be used to improve the quality of life of young people and enhance their knowledge and positive attitude towards HCT services. Social workers can do this by skillfully encouraging young people to go for HCT, educating them on the importance of HCT services and offering sex education and health counseling to them. This will not only help to improve the health of the young population but also help in reducing HIV/AIDS infection among youth (Goldberg, 2011). The aim of the social worker in HIV prevention is to ensure that uptake of HCT services does not suffer being relegated to a matter of interest to only young people but a collective goal of the general society (Muchacha & Mtetwa, 2015, Okafor et al, 2017). While studies on HIV/AIDS, as well as HCT, are replete, there is a paucity of studies on the interface of social work, knowledge, and utilization of HCT among young people in the study area. This study, therefore, sets out to investigate the utilization of HCT services among young people in Anambra State, Nigeria and its implication to social work practice in Nigeria.

The present study is anchored on the health belief model (HBM) developed in 1950 by a group of U.S public health social psychologists. Lately, the HBM has been adopted to explore a variety of health behaviours including sexual risk behaviour and HIV/AIDS prevention (Boshamer & Bruce, 1999). HBM according to Rosenstock, Strecher, and Becker (1974), has four major key variables which include: Perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. The model focuses on dimensions affecting an individual's control over a specific action and uses those same dimensions to predict behaviour. The model is applied to this study based on the understanding that as young people take health-related action, such as

undergoing HCT, they will perceive that a negative health condition like HIV/AIDS can be avoided by taking a certain action, and is convinced that the action is likely to be effective and beneficial. Young people's willingness to engage in HCT is a positive health behaviour predicated on the knowledge or perception of their susceptibility to HIV as well as the benefits young people gain from the uptake of HCT. Therefore, the domestication of HBM in this study is informed by the insight it granted in predicting health behaviours especially on two key variables of the model – perceived susceptibility to HIV and perceived benefits of HCT.

Materials and Method

Study area

The study was conducted in Awka-South Local Government Area of Anambra State, located in the eastern part of Nigeria in September 2016. The population figure of the local government is put at about 189,654 people. (National Population Commission, 2016 Report). The study population includes all young persons in the local government area that according to the National Population Commission 2016 report is estimated at 30% of the total population. The prevalence rate of HIV/AIDS in Anambra State as of 2014 stands at 8.7% (Chukindi, 2014) which is the highest in the South East region and fourth highest in the country (National Agency for Control of Aids), 2016). However, the prevalence rate of HIV in the state, as well as the seeming poor rate of uptake of HCT services, justifies the choice of Anambra State, with particular reference to Awka-South LGA for this study.

Sampling Procedure

Awka-South consists of 8 communities with 7 of them considered to be rural. Awka town was purposively selected because that is the only urban area in the local government area while a simple random sampling procedure through balloting was applied in selecting two rural communities. With the help of youth leaders in all selected communities, two (1 male and 1 female) focus group discussion (FGD) sessions were held in each selected community. Each session was made up of 10 young persons. The criterion for inclusion in the sample was that the participant must be within the age intervals of 15-24. On the whole, 60 participants who were involved in the study FGD were recruited based on convenience and willingness to participate

Data collection

Discussion sessions were conducted in two major locations that are the church compound, and a classroom of the community primary school, depending on what was available and convenient in each community. Participants first gave their oral consent and with full knowledge of the aims of the research participated willingly. Discussions were conducted in September 2016. Based on their permission, the discussions were recorded with

a recording device, while a note-taker took notes. Three research assistants who were all Igbo speaking were trained for 1 day on how to conduct FGD with young people. The discussions were mainly conducted in Igbo languages. Research instrument (HCT guides for youth) was collectively developed by the researchers and pretested using an FGD session in another LGA to ensure its reliability. It was translated into Igbo language and back to English to ensure that the questions had appropriate meanings as intended.

Data analysis

Data collected were transcribed and translated from Igbo to English by an expert in the Department of Linguistics, University of Nigeria, Nsukka. The transcribed discussions were compared to the recorded discussions to ensure that the original meaning of what participants said was retained. The transcribed data were organized in themes with the help of NVivo9 software. The rationale for using themes is to aid in the classification of responses (Lopez, Figueroa, Connor & Maliski, 2008). Themes were developed collectively after we changed the research questions as a result of field experience. It alludes to grounded theory in research (Barbie, 2010). Researchers equally adopted peer debriefing and observer triangulation (Padgett, 2008). Using observer triangulation, researchers performed the analysis independently on an analysis framework in NVivo9 software which was already collectively developed. Later, a collective analysis was then completed, ensuring that quotes and themes fit appropriately. On peer, debriefing, two peers who did revisions were given the collated review spreadsheet. The peers were assisted by the FGD guide and the study definition note. After the rigours, the data were classified into three major themes. (a) Views held as HCT services and its acceptability, (b) HCT and factors that affect the uptake of HCT services, and (c) challenges and gain of utilizing HCT services.

Ethical Consideration

The study instrument and methodology were reviewed and approved (IRB00002323) by the Ethical Review Board of the University of Nigeria Teaching Hospital. Participants in this study provided their informed consents orally before being included to participate.

Results

Socio demographics of participants

The socio demographic characteristics of respondents are shown in Table 1. The participants' age ranged from 15 to 24 years. 58.3% of the respondents have completed their secondary education while a few (6.7%) of the respondents have First School Leaving Certificate. Eighty five percent of the respondents were aware of HCT services. The respondents are all from Igbo ethnic group and self-identified as Christians.

Table 1: Socio-demographic characteristics of participants (N=60)

Variables	Frequency (%)
Sex	
Male	30(50.0%)
Female	30(50.0%)
Marital status	
Married	5(8.3%)
Never married	51(85.0%)
Separated, divorced and widowed	4(6.7%)
Occupation	
Students	36(60.0%)
Civil servant	6(10.0%)
Trader/business	11(18.3%)
Artisan	7(11.7%)
Educational qualification	
FSLC	4(6.7%)
WASC	35(58.3%)
First degree/HND	21(35.0%)
Age	
15-19	21(35.0%)
20-24	39(65.0%)

Source: *Fieldwork, 2016*

Knowledge of HIV Counseling and Testing

Except for very few, most participants saw HCT as the best medium of educating people about HIV/AIDS-related risks. Some participants saw HCT as a key component of HIV care and prevention. A 23-year-old male participant said:

I believe that HIV counseling and testing to my understanding means care and prevention of HIV/AIDS. When you listen to HIV programmes and talks, it helps you to know more about the virus, how to prevent and protect oneself from contracting the virus. When you go for HIV counseling and testing, and if you test negative it will help you to have more knowledge on how to protect yourself from contracting the disease thereby preventing the spread of the epidemic. Also, if you test positive, the medical personnel will give you all the necessary care you needed.

Another participant equally stated that “HCT means counseling and testing people who are HIV positive”.

Gains of utilizing HCT services

Based on their knowledge of HCT, some of the participants highlighted areas of benefits which include knowledge base and good health for young people. Utilizing HCT services will enable one to know more about HIV/AIDS and at the same time, be in a better position to commence treatment if positive and protect oneself from contracting HIV/AIDS if negative. One of the female participants indicated that:

Anybody who goes for HCT is in a better position to know his/her HIV status, know how to protect oneself from being infected and above all, know different ways one can easily contract HIV/AIDS.

Another 17-year-old female participant also stated that on the part of good health:

Going for HCT will aid in early detection and commencement of treatment should in case if one is HIV positive and also to protect oneself from being infected in case if the test is negative because the counselor in the HCT center told us so.

Barriers to uptake of HCT

As regards the barriers to uptake of HCT, the study revealed that the barriers to the uptake of HCT services as indicated by the participants varied. Based on the location, many of the participants indicated that the centre is very far from them and as a result of this, there is poor awareness as regards the importance of utilizing these services. Other factors reported by the respondents include lack of trust for confidentiality and fear of testing positive. Other responses by the respondents regarding the barriers to the uptake of HCT include stigma and discrimination, and the attitude of the health workers. A 22-year-old male participant mentioned the issue of few HCT centre as a factor when he said:

There is no HCT centre in my area if I want to go for HIV test and consider how much it will cost me to transport myself from my place to where I will get the service; I rather stay back than wasting such amount of money in the name of going for HIV test.

One participant (a 19-year-old female participant) attributed the factor to poor awareness. According to her:

This is my first time of hearing about HCT. Had it been that HCT centre is in all the communities, young people would have been more enlightened as regards to the importance of going for HIV counselling and testing. So, there is a need to create more awareness, especially in rural areas.

Fear of testing positive

Participants were very quick to point out the issue of fear of testing positive as a serious barrier to the uptake of HCT. In order to support this idea, a 22-year-old female participant stated thus:

It is not necessary to go for HCT because if you go and test positive, and supposes you have 10 years to live, out of fear, you will now live 2 years but if you didn't know your HIV status, you will live longer because you have nothing to worry about. Fear and anxiety can even kill one even before the sickness kills you.

Another participant had this to say, "even if you tested and were found to be HIV positive, what would you do other than wait and die" (17 years-old female participants).

A 22-year-old male participant supported her opinion and has this to say:

Why looking for trouble; I'm never going to do a test. I cannot seek my death. I'm scared to be dying. Have you not seen those who go for HCT? They are the ones who die very quickly

Another participant has this to say:

During my undergraduate days, an NGO organized free medical HIV test for students, on my way going to carry out the test, I met one of my lecturers and the lecturer asked me, hope you have exam to write tomorrow? Won't you go and prepare for your exam or you want high blood pressure to kill you even before you finish the test? Out of fear of testing positive, I turned and left the venue without carrying out the test. You will not believe it that up till today that I have not gone for HCT (23-year-old female participant).

Still on the issue of fear of testing positive, a 22-year-old male participant said:

Actually, there are a lot of things preventing young people from utilizing HCT services in which one of them is fear of testing positive. Most of us are afraid of going for HCT especially if you are having multiple sexual partners. Some of us are afraid that if you go for HCT and test positive, that your partner will live you. I remembered one time in my church when it was announced that every young person should come and check their HIV status after service immediately after the service, everybody went home. This person will be telling this person to go and check, the other person will ask you to go and check first. Most often, you find out that we prefer to live in ignorance, instead of one going for a test and peradventure, if the person tested positive, thinking and other things will kill the person faster. It is better that one is ignorant of his/her status and dies whenever death comes.

Stigma and discrimination

The greatest of all the barriers is that of stigma and discrimination, people assuming that one is HIV positive if the person decides to go for HIV test. Some of these young people saw those who go for HCT as promiscuous, others see them as HIV

positive and point fingers at them while some others do discriminate against them. A 24-year-old male participant had this to say:

If I see my friend or anybody that I know going for HCT, for that moment, whether that person tested positive or negative, I will neither shake nor collect anything from the person's hand.

A 23-year-old female participant maintained:

If I am HIV positive, nobody knows and it doesn't cause me any problems for now, at least. Imagine I go and do the tests, and find out that I'm positive, how long will I hide it? When people come to know about it, I will be finished. My family is shunning me. My mates are just going to abandon me. I couldn't get a decent job.

Attitude of the health workers

Poor attitude of health staff and lack of confidentiality dissuaded people from testing. Some of the participants stated that one of their reasons for not utilizing HCT services was because they believed that if they go for HCT, and test positive, that the health workers especially if they know them will go and disclose their status to their loved one. Others mentioned non-challant attitude of health especially when it comes to issue of handling their patients as their reason for not utilizing HCT services. A 24-year-old female participant stated thus;

Aside the issue of not divulging the status of someone who came for HCT to the friends, the health workers also have a problem of non-challant attitude when it comes to attending to their patients. Take for instance, I went with my fiancé to the HCT to know our HIV status before we marry. The health workers that we met at the centre did not attend to us until after about 2 hours 30 minutes. It is not that they are busy or have something serious that kept them busy. Rather they were discussing and laughing on top of their voices. It was when my fiancé shouted on them that they now carried out the test on us.

On the issue of disclosure of ones' status, 16-year-old participant said:

If I go for HCT in my community, the HCT counsellors know me very well and if the counsellor at the HCT centre finds me with the virus, it then means that everybody in our community will know about it. The counsellor will start spreading the message to my friends. So, I won't go for HCT in my community neither will I travel outside my community in the name of utilizing HCT services.

Suggestive remedies

Through previous narratives, one could identify ideas that would pass for remedies to poor utilization of HCT services, and they could be considered to fall within the expertise of social workers. Some of the participants were not aware of HCT services, and among those who were aware of it as of the time of the study, some have not utilized the services. The participants called for awareness-creation and for social workers to be involved in the youth's mass awareness and sensitization of the need for them to

use HCT services. Below is a quote;

... I think the social workers still have a lot to do in terms of creating awareness especially in the rural areas. A lot of young persons that live in the village don't know much about HIV/AIDS they don't know the benefits of going for HCT. Some of us shy away from utilizing HCT services because we were not well informed of the benefits of doing so (A female participant).

Discussion

This study investigated the utilization of HIV counselling and testing services among young people in Awka-South LGA of Anambra State. The findings reveal that the participants have good knowledge of HCT services. They were aware that HCT is the best medium of educating people about HIV/AIDS related risks, and a key component of HIV/AIDS care and prevention. However, utilization of HCT services in the study area was poor. Participants broadly gave reason for poor utilization to include coverage and low-level awareness

On coverage, the participants complained that there was no HCT centre in their community. They stated that if they consider the distance they would cover and money they would spent on transportation in order to get HCT services, they will rather stay back. In Nigeria, Primary Health Care Centres (PHCs) are the closest to the grass-root. The participating young people felt that it would be convenient for them if PHCs can provide HCT services, as this would not just be cost-effective for them in terms of transport cost, but encourage awareness about HCT services in the communities since community members are familiar with PHCs. Therefore, the need to encourage and establish the provision of HCT services at the grass-root through PHCs would help improve coverage, awareness and utilization of the services. Thus the need for social workers to assist in resource mobilization through the establishment of HCT centres in all PHCs and where this is not feasible, social workers can help facilitate easy and free transportation to and from HCT centres. Studies abound that show the relationship between health service coverage and effective utilization (Menzies et al., 2009, Grabbe et al., 2010). According to Menzies et al. (2009), household-member and door-to-door HCT strategies reached the largest proportion of previously untested individuals.

We further investigated for some specific barriers that account for poor utilization of HCT services. On the first, we discovered connection between fear of testing positive and uptake of HCT services. Findings show that respondents fell short of utilizing HCT services because of fear of testing positive. Some young persons might not want to go for HCT because if they go and find out that they are HIV positive, their life span will shorten automatically. Since they believed that not knowing their status will help them stay longer than when they know their status, it becomes a better option for them. Social workers on their part should actively involve in community sensitization through enlightenment programme and educational campaign thereby promoting understanding about HIV/AIDS (Onalu et al., 2020). Some studies have tried to establish that fear of testing positive can have effect on poor utilization

of HCT services (Day et al., 2010; Mohlabane et al., 2016)

Furthermore, stigma and discrimination received from family, friends and other members of the community reflects in the non-utilization of HCT services. The fact that peers, and community members once they see any of their friends or any person from their community in HCT centre, they will start stigmatizing that person and this will negatively affect the uptake of HCT services. In this vein, a strong recommendation is put forward to ensure that campaigns for HCT services among other HIV related campaigns do well to capture peers, family members. In fact, such campaign should be communitywide. The influence of stigma and discrimination on the uptake of HCT services can be found in some studies (Mall et al., 2012; Matoyu et al., 2007; Musheke et al., 2013).

Lastly, attitude of the health workers posed a challenge to the uptake of HCT services. Participants complained that some health workers display non-challant attitude with regards to discharging their duties and most often, they find it very difficult to maintain confidentiality. This is in agreement with the findings of MacPhail, Peltior, Coates and Rees (2008), Obiajulu (2009), Chirawu et al. (2010), Larsson et al (2010), as well as Meiberg, Bos, Onya and Schaamlma (2008). Social workers should participate actively in the attitudinal reforms of some health workers that involve in breaching confidentiality and displaying non-challant attitude through management review group, patient support group, and seminars/workshop.

In conclusion, other facility based and health system inefficiencies social workers can help contain and they include: protecting the image and rights of young people, promoting community based awareness about HCT services across all members of the community. Considering the danger of HIV/AIDS and the rate of transmission of the virus in our society today, the authors deemed it necessary to suggest areas that required further studies. The findings of such studies will provide more insights into young people's concerns on the issue of utilization of HCT services. Further research should be conducted on the following topics, the barrier to the uptake of HCT services, perception about HIV testing among young people, etc. All in all, the relationship between psychosocial determinants of health – an area of social work practice, and compliance to positive health behaviours cannot be overemphasized (Emma-Echiegu et al., 2014; Igwe et al., 2015; Okafor et al., 2018).

Finally, the study was not void of limitations. The limited sample restricted to just a senatorial district is one. Therefore, the researchers encourage similar study in other parts of Nigeria. Also, this study is based on a limited sample of whom the researcher was able to reach as of the time of the study. This means that a lot of young people have been excluded from the study; we cannot generalize the level of young peoples' knowledge and attitude towards HCT services. Regardless of these limitations, findings from the study remain relevant to ministries of health in Nigeria, health policy makers and providers in Nigeria, HIV/AIDS organizations, social workers and public health professionals, and donor agencies who are concertedly making efforts to curb HIV/AIDS, as well as improve the efficacy of HCT in Nigeria.

Conflict of Interest and Participation

The authors declared no conflict of interest, and all the authors participated actively in the conduct of the study with each author making valuable contributions.

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